


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # A96000000163 1. Entity Name FRANZBLAU FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 7898 LAINA LANE UNIT #4 BOYNTON BEACH, FL 33437	Mailing Address 7898 LAINA LANE UNIT #4 BOYNTON BEACH, FL 33437
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03312008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0626231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DONOFF, CRAIG 6100 GLADES ROAD SUITE 204 BOCA RATON, FL 33434	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	DATE 04/25/08-80064-005 500.00
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FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	000000897844 04/25/08-80064-005 500.00
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	FRANZBLAU, AARON
STREET ADDRESS	7898 LAINA LANE UNIT #4
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
DOCUMENT #	
NAME	FRANZBLAU, SARAH
STREET ADDRESS	7898 LAINA LANE UNIT #4
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	4/12/08 <small>Date</small>	561-736-2089 <small>Daytime Phone #</small>
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STAPLE CHECK HERE